

July 10, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0523-01
IRO Certificate No.: IRO 5055

Dear

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). Texas Workers' Compensation Commission Rule 133.308 "Medical Dispute Resolution by an Independent Review Organization", effective January 1, 2002, allows an injured employee, a health care provider and an insurance carrier to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating physician. Your case was reviewed by a physician reviewer who is Board Certified in Orthopedic Surgery.

THE PHYSICIAN REVIEWER OF THIS CASE DISAGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on November 25, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0523-01, in the area of Orthopedic Surgery. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of surgery: posterior lumbar interbody fusion with posterolateral fusion, L4-5 / L5-S1, with titanium rods and screws.
2. Correspondence.
3. Multiple evaluations.
4. Office notes from 2002.
5. Office documentation from 2001.
6. Office documentation from 2000.
7. Functional capacity evaluation form.
8. Operative report dated January 2001.
9. Ergos evaluation.
10. Radiology reports.

B. BRIEF CLINICAL HISTORY:

This is a gentleman who sustained a lumbar injury on _____. At that time, he was evaluated by a number of providers and treated conservatively to include pain management programs, medications, and other conservative modalities. He then, in January of 2002, was evaluated by _____ who felt that surgery was the only treatment alternative remaining for this gentleman. Request for surgery was made, and it would appear that based on the projected lack of efficacy, it was denied. There was an additional assessment by _____ who also felt that surgery was required in this case.

The issue of surgery is the one that is before me now.

C. DECISION:

I DISAGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE.

While noting that there are marginal findings on the lumbar spine MRI, it is clear that there is some pathology at multiple levels of the lumbar spine. The question then becomes is fusion surgery with instrumentation the proper methodology, or simple laminectomy/discectomy.

In my opinion, a simple laminectomy/discectomy would probably be more efficacious. However, I did not have the opportunity to evaluate the patient, and, therefore, I would have to cede to the determination made by two separate physicians in this case. This is an area of discussion in the medical literature about how much surgery or how little surgery is done, particularly with the lumbar spine. I would tend to agree with the insurance reviewers that the fusion surgery may not be indicated;

however, there are arguments in the literature that support the use of instrumentation and fusion, and this is a matter of medical opinion.

Therefore, there is clearly an indication for the surgery, and I would suggest a minimalist approach. However, the final determination is clearly a function of the treating surgeon.

D. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 1 July 2002